

Emergency Preparedness Checklist For Weapons of Mass Destruction (WMD)

General Emergency Preparedness Plans

	Yes	No
1. Do you have an emergency preparedness plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your plan been updated to include response to a WMD event?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your revised plan based on a vulnerability health threat analysis?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the emergency management team members multidisciplinary?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all relevant departments represented, e.g., security, safety?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your plan integrated with the county and state plans?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your evacuation plan current?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your staff receive annual training on the emergency response plan?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you conduct emergency response drills for WMD?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your plan address the health care needs of your Center's population?	<input type="checkbox"/>	<input type="checkbox"/>

Communications

11. Does your plan address internal and external communications?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you explained how information will be disseminated accurately to first responders, the employees, health-care providers, and decision-makers?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you developed, distributed, as necessary, and maintained a list of contact information for all critical local or state public health, medical, law enforcement, and emergency management personnel?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you described the clinic's capability to alert and communicate with its field response units?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you identified, by title, the person and alternates authorized to communicate necessary public health information between the health department and other health agencies and organizations?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you communicated in advance with emergency department directors and hospital administrators in the community to facilitate coordination of emergency activities?	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Requirements

17. Have you determined under what clinical conditions the plan would be activated?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you designated a location for clinic emergency operations?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have an alternate site for providing care?	<input type="checkbox"/>	<input type="checkbox"/>
20. Are tents available, if buildings are not accessible?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you identified local health-care resources?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your plan have employee/patient isolation guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have a prophylaxis and post exposure immunization plan to identify and manage health care workers exposed to infectious patients?	<input type="checkbox"/>	<input type="checkbox"/>

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| 24. Is there an emergency power generator available at the clinic and alternative care site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does your plan address the transportation needs on and off Center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does your plan address hazardous waste management issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is there a plan to manage water utilities at the clinic and alternative care site? | <input type="checkbox"/> | <input type="checkbox"/> |

Emergency Preparedness Supplies

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| 28. Is there a system to maintain, inventory and replenish stock items, crash carts and other medical equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are the emergency supplies and equipment needs evaluated on an annual basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have laboratory capabilities for rapid analysis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Are offsite laboratory services available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are those services evaluated annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are the following supplies and equipment available at the clinic and alternative care site: | | |
| a. Stretchers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Blankets and sheets? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Wheelchairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Intravenous supplies? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heparin lock flush kit? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. IV solutions? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Portable oxygen tanks? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Portable suction machine? | | |
| i. Portable cardiac monitors? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. AED? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Airway supplies? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Bandages? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Splints? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Blood pressure cuffs and stethoscopes? | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Personal protection equipment? | | |
| i. Gloves? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Goggles? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Face masks? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Impermeable gowns? | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Hand washing rinses? | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Portable water? | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Towels? | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Isopropyl alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Betadine solution? | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Flashlight and batteries? | <input type="checkbox"/> | <input type="checkbox"/> |

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| w. Syringes and needles? | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Analgesics? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Aspirin? Dosage: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Tylenol? Dosage: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Ibuprofen? Dosage: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Controlled substances | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Morphine 10 mg PO? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Morphine 10 mg IV? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Diazepam 10 mg PO? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Diazepam 10 mg IV? | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Ephedrine 100 mg PO? | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Ephedrine 100 mg IV? | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Antibiotics? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ciprofloxacin 500 mg PO? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Ciprofloxacin 400 mg IV? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Doxycycline 100 mg PO? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Doxycycline 100 mg IV? | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Other emergency medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Albuterol inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Epi Pen? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Mark 1 Kits? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Pralidoxime 1 gm powder vial? | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Methylprednisolone 135 mg injectable? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Surveillance and Epidemiologic Investigation

34. Have you planned for surveillance of biological or chemical incidents by the following:
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| a. Cases of diseases suspected or confirmed to be caused by high-priority bioterrorism agents on the reportable diseases list (anthrax, botulism, brucellosis, plague, smallpox, tularemia)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any unusual disease or manifestation of illness on the reportable diseases list? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any unusual cluster of disease or manifestation of illness whether or not on the reportable diseases list? | <input type="checkbox"/> | <input type="checkbox"/> |
35. Have you distributed or publicized bioterrorism-updated reportable diseases lists to appropriate health-care providers? ☐ ☐
36. Have you established communications with the Department of Health and Human Services (HHS) regional emergency coordinators to develop local surveillance and response plans? ☐ ☐
37. Have you established communications with other health-care providers to develop local surveillance and response plans? ☐ ☐
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| a. Emergency departments at hospitals or urgent care centers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hospitals (Infection Control, Infectious Diseases, Laboratories, Pharmacies)? | <input type="checkbox"/> | <input type="checkbox"/> |

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| c. Mental health agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pharmacies? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Epidemiologists? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Infectious disease specialists? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Poison Control Centers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you established communications with emergency responders to develop local surveillance and response plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. 911 dispatchers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. EMS and ambulance workers? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Police? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you developed an emergency or around the clock communications network to respond to biological and chemical incidents, including the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Emergency or real-time reporting of biological or chemical-related diseases or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Immediate notification of surveillance/epidemiologic response personnel, such as state or local epidemiologist, laboratory director, and emergency management officials? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Broadcast fax or e-mail capability or other means of emergency dissemination of information (e.g., Web site)? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. To health-care providers? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. To employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you trained OHP staff on issues related to possible terrorism events, including surveillance, epidemiology, and infectious disease outbreak investigations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Have you conducted or participated in exercises to test the adequacy of the surveillance system and epidemiologic response? | <input type="checkbox"/> | <input type="checkbox"/> |

Event Notification

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| 42. Have you identified, by title, their person and alternates responsible for the following: | | |
| a. Assessing the public health consequences of the emergency incident? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accomplishing interagency notification? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Notifying the news media or the public relations officer at the Center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Have you specified the notification process for key public health officials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you identified the ability to receive emergency notification and public health information on a 24-hour basis? | <input type="checkbox"/> | <input type="checkbox"/> |

Center Alert

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| 45. Have you described the procedures by which the employees will | | |
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| be notified of a public health emergency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Have you provided for notification of non-English speaking employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Have you described how the public notification procedures will be tested at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Education and Emergency Public Information

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| 48. Does your Center have a comprehensive education program on public health matters of interest to the employees as well as the risks associated with biological or chemical agents? If yes,: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does the public education program provide for the education of non-English speaking residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have procedures been established for revising the public education materials annually or whenever significant changes warrant revision? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have procedures been established for providing the news medical with ongoing information about public health initiatives and public health-related emergency preparedness efforts? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have criteria been established for releasing information to the public about possible terrorism threats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Does a protocol exist for notifying or warning the employees of potential hazards resulting from a biological or chemical release? If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does this protocol have provisions for informing the employees of what hazards to expect, what precautions to take, and whether evacuation or shelter-in-place is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the public information program include procedures for releasing emergency information to non-English speaking residents in a timely and effective manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the event of a possible terrorism incident has one organization or person been designated to coordinate or speak to the news media? | <input type="checkbox"/> | <input type="checkbox"/> |

Patient/Employee Decontamination

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| 50. Have you identified the specific procedures for patient decontamination and isolation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Have you established protocols for identifying when decontamination will and will not be required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Have you established procedures for educating and information the employee population of decontamination procedures in the event of a biological or chemical incident? | <input type="checkbox"/> | <input type="checkbox"/> |

Mass Care

53. Are you prepared for mass casualties? ☐ ☐
54. Are you aware of the location(s) of identified mass care centers in your state? ☐ ☐
55. Have you worked with mass care providers to ensure proper documentation of all emergency and nonemergency medical care occurring at mass care centers? ☐ ☐

Environmental Issues

56. Do you have an agreement in place with the state environmental protection agency to develop a joint post-incident environmental sampling plan? ☐ ☐
57. Have you developed procedures for ensuring that environmental samples will meet EPA and CDC requirements? ☐ ☐
58. Have you established protocols for identifying when environmental decontamination will and will not be required? ☐ ☐
59. Have you identified criteria for reentry into potentially contaminated areas? ☐ ☐

Mental Health

60. Have you developed the capability to identify and obtain mental health resources rapidly in an emergency situation? ☐ ☐
61. Are procedures in place for notifying both disaster victims and emergency workers of the availability of mental health services? ☐ ☐

Mass Fatalities

62. Have you developed protocols for dealing with a large number of fatalities? ☐ ☐
63. Have you worked with your medical examiner or coroner to develop protocols for balancing the competing interest of evidence preservation and decontamination of bodies for the immediate fatalities of a biological or chemical incident? ☐ ☐

National Pharmaceutical Stockpile (NPS)

64. Have you developed a plan for the receipt, security, and distribution of stockpile assets? ☐ ☐
65. Is the NPS plan integrated into the WMD emergency response plan? ☐ ☐

Laboratory Identification and Characterization

66. Is the state public health laboratory represented in the emergency planning process? ☐ ☐
67. Does your plan include a listing of all the member laboratories in your state Laboratory Response Network, including the following: ☐ ☐
- a. Each laboratory's capability (Level A-C)? ☐ ☐
 - b. Contact information for each laboratory lead person

- (available on a 24/7 basis)? ☐ ☐
68. Have you identified the laboratories in your state that have the capacity to begin testing within 4 hours and maintain testing 24hrs/day for a minimum of 3 days? ☐ ☐
69. Have you established and distributed guidelines on specimen collection, packaging, labeling, and shipping to state network and federal laboratories? ☐ ☐
70. Do you have a system in place to safely and efficiently transport samples between laboratories in your state laboratory network? ☐ ☐